

Additional file 3

Patient Name: _____

Name of Rater: _____

Time of Observation: _____ AM / PM

Date of Observation: _____

NURSING STAFF: For each behavior, circle the corresponding frequency after 15 minutes of observation.

Overt Agitation Severity Scale

Yudofsky SC, Kopecky HJ, Kunik M, Silver JM, Endicott J

INTENSITY (I)	BEHAVIOR	FREQUENCY (F)					SEVERITY SCORE (SS)
		Not Present	Rarely	Some of the time	Most of the time	Always present	RESEARCH STAFF ONLY (IxF=SS)
A.	Vocalizations & Oral/Facial Movements						
1	Whimpering, whining, moaning, grunting, crying	0	1	2	3	4	
2	Smacking or licking of lips, chewing, clenching jaw; licking, grimacing, spitting	0	1	2	3	4	
3	Rocking, twisting, banging of head	0	1	2	3	4	
4	Vocal perseverating, screaming, cursing, threatening, wailing	0	1	2	3	4	
B.	Upper Torso & Upper Extremity Movements						
1	Tapping fingers, fidgeting, or wringing of hands, swinging or flailing arms	0	1	2	3	4	
2	Task perseverating (e.g., opening and closing drawers, folding and unfolding clothes, picking at objects, clothes, or self, pulling at own hair)	0	1	2	3	4	
3	Rocking (back & forth), bobbing (up and down), twisting, writhing of torso; rubbing or masturbating self	0	1	2	3	4	
4	Slapping, swatting, hitting at objects or others	0	1	2	3	4	
C.	Lower Extremity Movements						
1	Tapping toes, clenching toes, tapping heel, extending, flexing or twisting foot	0	1	2	3	4	
2	Shaking legs, tapping knees and/or thighs, thrusting pelvis, stomping	0	1	2	3	4	
3	Pacing, wandering	0	1	2	3	4	
4	Thrashing legs, kicking at objects or others	0	1	2	3	4	

RESEARCH STAFF: For each behavior exhibited, calculate the Severity Score (IxF) and record the sum as the total Overt Agitation Severity Score (OASS). Subtract the baseline OASS to account for consistently present neuromuscular symptoms (e.g. tardive dyskinesia) and create a revised (final) OASS.

Total:

Baseline:

Revised: